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Provider Notice Clarification for Use of the New CMS-1500

The Alaska Medicaid Management Information System (MMIS) is now equipped to accommodate the new version (08/05) of the CMS-1500 claim form. During a transition period which will end August 31, 2007, Alaska Medicaid will accept either the old version (12/90) of the CMS-1500 form or the new version (08/05) of the CMS-1500 form. The old version (12/90) of the CMS-1500 form received on or after September 1, 2007 will be returned to the provider without processing.

Instructions for submitting the new version (08/05): All claims must be submitted with the Medicaid Provider ID number. The National Provider Identifier (NPI) may also be included on these claims.* A few of the critical fields and the information on how to complete them are listed below:

Section 17 Report Referring, Ordering or Supervising Health Care Provider

| | |
|------|-----|
| 17a. | |
| 17b. | NPI |

17a (shaded) Required enter 1D and the Medicaid Provider ID number; or ZZ and the taxonomy code.

17b (unshaded) Required enter the corresponding referring, ordering or supervising provider NPI.

Section 24

| | 24. A. DATE(S) OF SERVICE | | | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES | | E. DIAGNOSIS | F. \$ CHARGES | G. DAYS OR UNITS | H. EPROT Family Plan | I. ID QUAL | J. RENDERING PROVIDER ID # |
|---|---------------------------|----|----|---------------------|--------|--------------------------------------|----|--------------|---------------|------------------|----------------------|------------|----------------------------|
| | From | To | YY | | | MM | DD | | | | | | |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |

Nos. 1-6 of Section 24 are service lines.

The shaded area corresponding to the service line numbers accommodates supplemental information. Supplemental information must fit within 24A-24G.

| | 24. A. DATE(S) OF SERVICE | | | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES | | |
|---|---------------------------|----|----|---------------------|--------|--------------------------------------|----|----|
| | From | To | YY | | | MM | DD | YY |
| 1 | | | | | | | | |

24A (unshaded area) Required enter a six-digit date format in both the "from" and "to" area in a format such as 062107. The six-digit format is preferred; however the eight-digit format is also acceptable, such as 06212007.

* Providers will need to include their Medicaid Provider ID number on all paper claim forms until they have been tested for submission of NPI number only.

Section 24 (continued)

| 24. A. | DATE(S) OF SERVICE | | | | | | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES | | E. DIAGNOSIS POINTER | F. \$ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. # |
|--------|--------------------|----|-----------|----|----------|----|---------------------|--------|--------------------------------------|--|----------------------|---------------|------------------|----------------------|--------------|-----------------------------|
| | From | To | CPT/HCPCS | | MODIFIER | | | | | | | | | | | |
| | MM | DD | YY | MM | DD | YY | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | |

| | |
|---------------------|--------|
| B. PLACE OF SERVICE | C. EMG |
|---------------------|--------|

24B (unshaded) Required enter the two character Place of Service code. These codes can be found at:

<http://www.cms.hhs.gov/PlaceofServiceCodes/Downloads/placeofservice.pdf>

24C (unshaded) Required enter a Y for yes if it was an emergency or leave blank if no.

| D. PROCEDURES, SERVICES, OR SUPPLIES | |
|--------------------------------------|----------|
| (Explain Unusual Circumstances) | |
| CPT/HCPCS | MODIFIER |
| | |

24D (unshaded area) Required enter the CPT or HCPCS codes. If appropriate use up to four sets of two-character modifiers.

| | |
|----------------------|---------------|
| E. DIAGNOSIS POINTER | F. \$ CHARGES |
|----------------------|---------------|

24E (unshaded area) Required enter the Line # from Field 21 that relates to the diagnosis.

24F (unshaded area) Required enter whole dollars to the left of the vertical-dashed line. Enter cents to the right of the vertical-dashed line.

| G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. # |
|------------------|----------------------|--------------|-----------------------------|
| | | | |
| | | NPI | |
| | | NPI | |

24H (shaded area) Required if applicable for Early Periodic Screening, Diagnosis and Treatment (EPSDT). Enter the response in the shaded area of the field as follows: Y for "Yes" or N for "No."

24H (unshaded area) Required if applicable for Family Planning. Enter the response in the unshaded area of the field as follows: Y for "Yes" or N for "No."

Section 24 (continued)

| 24. A. | DATE(S) OF SERVICE | | | | | | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES | | E. DIAGNOSIS POINTER | F. \$ CHARGES | G. DAYS OR UNITS | H. EPBD Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. # |
|--------|--------------------|----|---------------------------------|----|----|--|---------------------|--------|--------------------------------------|----------|----------------------|---------------|------------------|---------------------|--------------|-----------------------------|
| | From | To | (Explain Unusual Circumstances) | | | | | | CPT/HCPCS | MODIFIER | | | | | | |
| MM | DD | YY | MM | DD | YY | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | NPI | | |
| 2 | | | | | | | | | | | | | | NPI | | |
| | | | | | | | | | | | | | | NPI | | |
| | | | | | | | | | | | | | | NPI | | |
| | | | | | | | | | | | | | | NPI | | |
| | | | | | | | | | | | | | | NPI | | |
| | | | | | | | | | | | | | | NPI | | |

24I (shaded area) Required
Enter qualifier **"1D"** if the Medicaid Provider ID Number of the rendering provider is being submitted in field 24J.

Enter qualifier **"ZZ"** if the provider taxonomy code is being submitted in field 24J.

24J (shaded area) Required
Enter the **rendering provider's Medicaid Provider ID Number** if qualifier "1D" was entered in field 24I. Enter the rendering provider's taxonomy code if qualifier "ZZ" was entered in field 24I (this field allows for the entry of 11 characters).

24J (unshaded area) Required
Enter the **rendering provider's NPI number**.

Section 33

| | | | | | | |
|--|---|---|--|--------------------------------------|-----------------|-----------------|
| 25. FEDERAL TAX I.D. NUMBER | SSN EIN | 26. PATIENT'S ACCOUNT NO. | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) | 28. TOTAL CHARGE | 29. AMOUNT PAID | 30. BALANCE DUE |
| | <input type="checkbox"/> <input type="checkbox"/> | | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$ | \$ | \$ |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) | | 32. SERVICE FACILITY LOCATION INFORMATION | | 33. BILLING PROVIDER INFO & PH # () | | |
| SIGNED | DATE | a. NPI | b. NPI | a. NPI | b. NPI | |

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

33a Required enter the **billing provider's NPI number**.

33b Required for providers submitting their Medicaid Provider ID number, enter the qualifier code "1D" and the billing provider's Medicaid provider ID number, e.g., "1DMD1234." For providers who are submitting their billing provider taxonomy code, enter the qualifier code "ZZ" and the billing provider's taxonomy code number, e.g., "ZZ123D00000X."

The National Uniform Claim Committee website has excellent information concerning the new CMS-1500 at <http://www.nucc.org/>

The provider manuals are currently being updated with the above information. Individual provider manual updates will be available on FHSC's website (<http://alaska.fhsc.com>) upon completion. Watch the provider newsletter and Remittance Advice for more information.